

Case Number:	CM14-0169039		
Date Assigned:	10/23/2014	Date of Injury:	05/31/2012
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 79-year-old female with a 5/31/12 date of injury; when she sustained an injury to the right arm while a rocket cart fell on top of her. The patient underwent right carpal tunnel decompression 1/18/14 and right lateral common extensor repair and partial lateral epicondylectomy on 5/14/14. The PT progress report dated 8/14/14 indicated that the patient accomplished 16 sessions of PT to date. The patient was seen on 9/27/14 with complaints of 6/10 pain in the right medial elbow and the right dorsal proximal forearm. The pain was described as burning with numbness and tingling. Exam findings revealed mild tenderness over the cubital tunnel, negative Tinel's sign and negative Phalen's sign. There was no pain over the lateral epicondyle and the range of motion of the bilateral elbows was: flexion 140 degrees, extension 0 degrees and pronation and supination were 80 degrees. The diagnosis is joint pain-shoulder/upper arm, non-traumatic tendon rupture neck and carpal tunnel syndrome. Treatment to date: 16 PT sessions, work restrictions, cast, right elbow surgery and medications. An adverse determination was received on 10/8/14 for a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 Times A Week for 3 Weeks for The Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient underwent right lateral common extensor repair and partial lateral epicondylectomy on 5/14/14. The patient accomplished 16 sessions of PT on 8/14/14, however on the physical examination performed on 9/24/14 the patient still complained of 6/10 pain in the right elbow with numbness and tingling. Given that the patient's surgery was 6 months ago, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical Therapy 2 Times a Week for 3 Weeks for the right elbow was not medically necessary.